## **VOUCHER**

Authorized Official

## **TOWN OF MANCHESTER**

1272 COUNTY ROAD 7

1272 COUNTY ROAD 7 CLIFTON SPRINGS NY 14432		Fund - Appropriation		Amount
DEPARTMENT				
DEFARIMENT				
CLAIAAANIT'S				
CLAIMANT'S NAME AND				
ADDRESS				
			Total	
DETAILED INVOICES /	WAY BE ATTACHED AND TOTAL ENTERED ON THIS VOUCHER.	ENTERED ON A	BSTRACT NO.  PURCHASE	/ /
	W MUST BE SIGNED.	TERMS	ORDER NO.	
Account	Description		Invoice #	Amount
	-1		TOTAL _	
I,	CLAIMANT'S CERT	ne above account in the	e amount of \$	
is true and corr part has been p	ect; that the items, services and disbursements charged we aid or satisfied; that taxes, from which the municipality is	ere rendered to or for the exempt, are not include	ne municipality on the dates s led; and that the amount clain	tated; that no ned is actually due.
Date Signature		Title		
	(Space below for	municipal use)		
	DEPARTMENT APPROVAL		APPROVAL FOR PAYMENT	
or fu	bove services or materials were rendered rnished to the municipality on the dates I and the charges are correct.	This claim is approved and ordered paid from the appropriations indicated above.		

Date

(CLAIMANT - DO NOT WRITE IN THIS AREA)

DATE VOUCHER RECEIVED

Auditing Board

Auditing Board

VOUCHER#